



TITLE IX FORMAL COMPLAINT

COMPLAINANT INFORMATION (PERSON FILING COMPLAINT)

Full Name: _____ Date: _____

Role in District: ☐ Student ☐ Employee ☐ Parent/Guardian ☐ Other

School Building or Department: _____

Grade Level (*if student*): _____ Phone #: _____

Email Address: _____

If the Complainant is a student, please provide Parent/Guardian's contact information below:

Parent/Guardian Name: _____

Email Address: _____ Phone #: _____

RESPONDENT INFORMATION (ACCUSED PARTY)

Name of Accused Individual(s): _____

Role in District: ☐ Student ☐ Employee ☐ Other

Relationship to the Accused Individual(s): _____

Location(s) of Incident(s): _____

Date(s) of Incident(s): _____

Time(s) of Incident(s): _____

FACTUAL NARRATIVE

Describe the incident(s) in as much detail as possible. Please include exactly what was said or done, who was involved, and any actions taken immediately after the incident. Attach additional pages if necessary.

CONFIDENTIALITY

Charleston County School District will keep confidential the identity of any individual who has made a report or complaint of Title IX Sexual Harassment, including any individual who has made a report or filed a Formal Complaint of Title IX Sexual Harassment, any Title IX Complainant, any individual who has been reported to be the perpetrator of sex discrimination, any Respondent, and any witness, except as may be permitted by State law or the FERPA statute, 20 U.S.C. 1232g, or FERPA regulations, 34 CFR part 99, or as required by law, or to carry out the purposes of 34 CFR part 106, including the conduct of any investigation, hearing, or judicial proceeding arising thereunder.

RETALIATION

Neither Charleston County School District nor any other person may intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title IX or Charleston County School District's Title IX policies or procedures, or because the individual has made a report or Complaint, testified, assisted, or participated or refused to participate in any manner in an investigation, proceeding, or hearing under this part. Complaints alleging retaliation may be filed according to Charleston County School District: Policy GBAA - Employee Sex/Gender Discrimination and Harassment / Policy JIA - Student Sex/Gender Discrimination and Harassment / Policy ACA - Title IX.

Please contact the Office of Legal Services at titleixcoordinator@charleston.k12.sc.us or 843.937.6515 if you have any questions regarding the process for filing or investigating complaints of Title IX Sexual Harassment.

I certify that the information provided in this complaint is true and correct to the best of my knowledge. I am willing to cooperate fully in the investigation of my complaint and provide whatever evidence the District deems relevant and/or necessary to investigate this matter.

Signature: _____ Date: _____

WHERE TO SUBMIT THIS FORM:

Email: titleixcoordinator@charleston.k12.sc.us

Fax: 843.937.6546

Mail: Charleston County School District

Title IX Coordinator

75 Calhoun Sreet

Charleston, SC 29401